## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/54298 | APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1" AMENDMENT		AFTER  2 <sup>nd</sup> AMENDME	
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